



GAVI 755

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/216,594
		Filing Date	December 18, 1998
		First Named Inventor	Whiteker, et al.
		Group Art Unit	1755
		Examiner Name	Di Verdi, M.
Total Number of Pages in This Submission	4 (+references)	Attorney Docket Number	1998U020.US

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Preliminary Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents) <input type="checkbox"/> Response to Missing Part/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Response to Missing Parts </div>	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Lisa Kimes Jones	Registration No.	41,878
Signature			
Date	October 19, 2000		

CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: October 19, 2000

Typed or printed name	Tammy L. Hodges		
Signature		Date	October 19, 2000



"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE #7

APPLICANT: Whiteker, et al.	§ EXAMINER: M. Di Verdi
SERIAL NO.: 09/216,594	§ GROUP ART UNIT: 1755
FILED: December 18, 1998	§ ATTY. DOCKET NO.: 1998U020
FOR: Olefin Polymerization Catalysts, Their Production And Use	§ DATE: November 10, 1999

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Honorable Assistant Commissioner for Patents
Washington, D.C. 20231

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INFORMATION DISCLOSURE STATEMENT

Sir:

In accordance with Title 37, Sections 1.56, 1.97 and 1.98 of the Code of Federal Regulations, and pursuant to Applicants' duty of candor and good faith toward the United States Patent and Trademark Office, the Examiner's attention is drawn to the art indicated on the attached PTO-1449 form.

It is respectfully requested that the Examiner consider this document and return an initialed copy of the PTO-1449 form to the undersigned attorney.

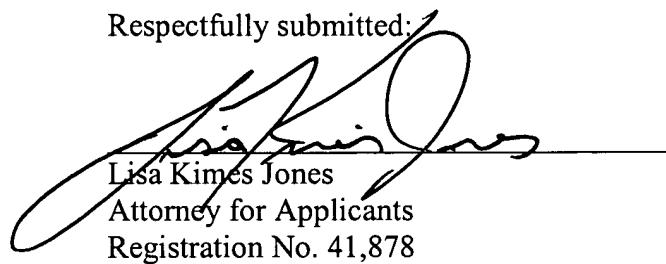
This disclosure statement should not be construed as a representation that a search has been made or that no other material information, as defined in 37 CFR § 1.56(a), exists.

A copy of the document is enclosed. Some of the pages of the document may have markings thereon. No significance is meant to be attached to the markings.

We believe that this disclosure complies with the requirements of 37 CFR § 1.56, 1.97 and 1.98, and the Manual of Patent Examining Procedures § 609. If for any reason the Examiner finds that the disclosure or documents do not comply with these sections, notification is respectfully requested.

If there are any matters or issues outstanding, the Examiner is encouraged to contact the agent of record at the telephone number listed below.

Respectfully submitted:



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